

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 15997RRUS01U

First Inventor Lome C. Hinz

Title TIME ZONE BASED PHONE SERVICES

Express Mail Label No. EV 047544402 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 202311. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.3. ☒ Specification [Total Pages (preferred arrangement set forth below)
-Descriptive title of the invention
-Cross Reference to Related Applications
-Statement Regarding Fed sponsored R&D
-Reference to sequence listing, a table,
or a computer program listing appendix
-Background of the Invention
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure4. ☒ Drawing(s) (35 U.S.C. 113) [Total Pages

5. Oath or Declaration [Total Pages

a. ☒ Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
b. ☐ (for continuation/divisional with Box 18 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & documents(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.

17. ☒ Other: USPTO Credit Card Pymt

03916 U.S. PTO
10/676166

093003

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,
or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under
Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☐ Correspondence address below

Name	James A. Harrison				
Address	P.O. Box 670007				
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Name (Print/Type)	James A. Harrison	Registration No. (Atty/Agent)	40,401
Signature		Date	9/30/2003

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

09/30/03
16519 U.S. PTO**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) \$978.00**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Lorne C. Hinz
Examiner Name	
Group Art Unit	
Atty Docket No.	15997RRUS01U

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number
Deposit
Account
Name

502126

Garlick Harrison & Markison

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17

- ☐
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☐ Check ☒ Credit card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE****Fee Description**Utility filing fee
Design filing fee
Plant filing fee
Reissue filing fee
Provisional filing fee**Fee Paid**

750.00

SUBTOTAL(1) (\$) \$750.00**2. EXTRA CLAIM FEES****Fee From Below****Extra Claims****Fee Paid**

Total Claims 28 -20** 8 X 18 = 144.00

Independent Claims 4 -3** 1 X 84 = 84.00

Multiple Dependent ☐ = ☐**Fee Description**

Claims in excess of 20

Independent claims in excess of 3

**Reissue independent claims
over original patent**Reissue claims in excess of 20
and over original patent**SUBTOTAL (2)** (\$) 228.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES****Fee Description**

Surcharge-late filing fee or oath

Surcharge-late provisional filing fee or
cover sheet

Non-english specifications

For filing a request for ex parte reexamination

Requesting publication of SIR prior to
Examiner actionRequesting publication of SIR after
Examiner action

Extension for reply within first month

Extension for reply within second month

Extension for reply within third month

Extension for reply within fourth month

Extension for reply within fifth month

Notice of Appeal

Filing a brief in support of appeal

Request for oral hearing

Petition to institute a public use proceeding

Petition to revive - unavoidable

Petition to revive unintentional

Utility Issue Fee (or reissue)

Design Issue Fee

Plant Issue Fee

Petitions to the Commissioner

Processing fee under 37 CFR 1.17(q)

Submissions of Information Disclosure Stmt

Recording each patent assignment per
property (times number of properties)Filing a submission after final rejection
(37 CFR 1.129(a))For each additional invention to be
examined (37 CFR 1.129(b))

Request for Continued Examination (RCE)

Request for expedited Examination of design application

Other fee (specify) _____

Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$0.00

SUBMITTED BY**Complete (if applicable)**

Name (Print Type)

James A. Harrison

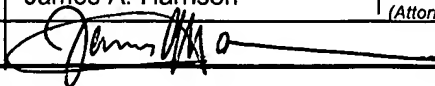
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Signature



Date

9/30/2003